

State of Michigan
Department of Civil Service
OFFICE OF TECHNICAL COMPLAINTS
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909
FAX (517) 241-7655

INSTRUCTIONS: Attach this form to the complaint to certify that you have also sent a copy to the appointing authority.

**TECHNICAL APPOINTMENT COMPLAINT
PROOF OF SERVICE TO APPOINTING AUTHORITY**

NAME AND MAILING ADDRESS OF FILING PARTY		
NAME (PLEASE PRINT)		STREET ADDRESS
CITY	STATE	ZIP
APPOINTING AUTHORITY SERVED		DELIVERY METHOD USED
NAME AND ADDRESS	<input type="checkbox"/> PERSONAL DELIVERY <input type="checkbox"/> FIRST CLASS U.S. POSTAL SERVICE <input type="checkbox"/> OVERNIGHT MAIL SERVICE <input type="checkbox"/> INTERDEPARTMENTAL MAIL <input type="checkbox"/> CERTIFIED U.S. POSTAL SERVICE: RECEIPT NO. _____ <input type="checkbox"/> OTHER: _____	
DOCUMENTS SERVED		
I, _____, certify that on _____, I served the appointing authority, at the address shown above, with a copy of the following documents (use additional pages, if necessary):		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
SIGNATURE		
SIGNATURE		DATE